| PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)  |  |                                  |              | Docket Number (Optional)   |          |
|---|--|----------------------------------|--------------|----------------------------|----------|
| FY 2009 (Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)   |  |                                  |              | 5946 - 091619              |          |
| Application Number 10/559,965   |  |                                  |              | Filed 5/11/2004            |          |
| For "Process for the Catalytic Polymerization of Olefins, a Reactor System, Its Use in the Process, the Polyolefins Obtained and Their Use"   |  |                                  |              |                            |          |
| Art Unit 1796   |  |                                  |              | Examiner William K. Cheung |          |
| This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.  |  |                                  |              |                            |          |
| The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):   |  |                                  |              |                            |          |
|   |  |                                  | <u>Fee</u>   | Small Entity Fee           |          |
|   |  | One month (37 CFR 1.17(a)(1))    | \$130        | \$65                       |          |
|   |  | Two months (37 CFR 1.17(a)(2))   | \$490        | \$245                      | \$       |
|   | $\checkmark$   | Three months (37 CFR 1.17(a)(3)) | \$1110       | \$555                      | <u> </u> |
|   |  | Four months (37 CFR 1.17(a)(4))  | \$1730       | \$865                      |          |
|   |  | Five months (37 CFR 1.17(a)(5))  | \$2350       | \$1175                     |          |
| Ap  | Applicant claims small entity status. See 37 CFR 1.27.   |                                  |              |                            |          |
| □ A   | A check in the amount of the fee is enclosed.  |                                  |              |                            |          |
| <b>√</b> Pa   | Payment by credit card.  |                                  |              |                            |          |
| Th  | The Director has already been authorized to charge fees in this application to a Deposit Account.  |                                  |              |                            |          |
|   | The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number 23-0650 |                                  |              |                            |          |
| WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.                      |  |                                  |              |                            |          |
| I am the applicant/inventor.  |  |                                  |              |                            |          |
|   | assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed (Form PTO/SB/96).                 |                                  |              |                            |          |
|   | attorney or agent of record. Registration Number 35,972  |                                  |              |                            |          |
| attorney or agent under 37 CFR 1.34.  Registration number if acting under 37 CFR 1.34   |  |                                  |              |                            |          |
|   | ac   |                                  |              | May 3, 2010                |          |
|   | Signature  |                                  |              | Date                       |          |
| _   | Ann M. Cannoni   |                                  |              | 412-471-8815               |          |
|   | Typed or printed name  |                                  |              | Telephone Number           |          |
| NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below. |  |                                  |              |                            |          |
| $\checkmark$  | Total  | of forms are                     | e submitted. |                            |          |